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CONFIRMATION NO. 2682

SERIAL NUMBER 10/519,467	FILING OR 371(c) DATE 12/27/2004 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO.
APPLICANTS Robert Janitzek, Olongapo City, PHILIPPINES;				
** CONTINUING DATA ***** This application is a 371 of PCT/PH03/00006 * (*)Data provided by applicant is not consistent with PTO records.				
** FOREIGN APPLICATIONS ***** PHILIPPINES 1-2002-000485 06/27/2002				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY PHILIPPINES	SHEETS DRAWING	TOTAL CLAIMS 7
INDEPENDENT CLAIMS 2				
ADDRESS 26387				
TITLE Ciprofloxacin hcl				
FILING FEE RECEIVED 300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	